

FEDERAL APPLICATION FOR ADMISSION AND REDETERMINATION

Office Use Only

Applicant Name _____
 Address _____

 Phone Number _____
 Email _____

- Family (Rand Circle)
 Elderly/Disabled 1 BR (Highland Manor)

Date /Time _____
 Received _____
 Control Number _____

Family Member	Name :	Birthdate	Relationship	Social Security Number	Age	Sex M or F	Disabled Y or N
1			Head of House				
2							
3							
4							
5							
6							
7							

ALL CHANGES IN ADDRESS, INCOME AND FAMILY COMPOSITION MUST BE REPORTED TO THE DHA IN WRITING IN ORDER FOR YOU TO REMAIN ON THE WAITING LIST.

Family Characteristics -

Minority Code:

- White/Non Minority
 Black
 American Indian
 Spanish American
 Oriental
 Other _____

Ethnicity:

- Hispanic
 Non-Hispanic

Housing Characteristics: Current Housing

- Standard
 Substandard
 Without (or about to be without) Housing

Preferences:

- Resident (living or working in Danvers)
 Working (at least 90 consecutive days)
 Attending school, college or recognized training programs
 Paying 50% of income to rent * _____ *
 Displacement due to documented domestic violence
 Displacement due to documented natural disaster
 Veteran Status (must provide copy of discharge papers DD-214)

Family Assets - Source and Amounts: (include cash, savings, IRAs CDs, stocks, bonds, annuities, property, etc.)

Family Member	Description	Amount/Value

Family Income – Source and Amounts of Income of ALL Family Members age 18 and older:

Family Member	Source	Rate per Week/Month

Special Needs _____

Make, Model and Registration Number of Auto(s) _____

Do you own a pet? If yes, please describe _____

Name, Address and Phone Number of Next of Kin

List two personal references (not family or household members):

Previous Addresses for the last ten years: (attach additional paper if necessary to list all residences for the ten years)

Address _____

Landlord's Name _____

Landlord's Address and Phone Number _____

Address _____

Landlord's Name _____

Landlord's Address and Phone Number _____

Medical Deductions and Allowances (only elderly/disabled)

Family Member	Description	Cost

Childcare (only families with parents who either work or attend school)

Family Member	Provider	Rate per week/month

Previous Participation

- Have you brought, sold or transferred property within the last two years? Y _____ N _____
- Have you given away any assets in the past two years? Y _____ N _____
- Do you owe money to any other PHA as a result of Public Housing Programs? Y _____ N _____
- Have you ever committed fraud in connection with any Federal Programs? Y _____ N _____
- Have you received an Earned Income Tax Credit during the past 12 months? Y _____ N _____
- Are you or have you ever been a tenant with another public housing agency? Y _____ N _____

Name of Agency _____
 Dates of Tenancy _____
 Reason for Leaving _____

Criminal Record: Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the last five years? Y _____ N _____ If yes, please explain _____

PLEASE NOTE: THE DANVERS HOUSING AUTHORITY REQUESTS A CORI (Criminal Offenders Record Information) ON ALL APPLICANTS AGE 17 AND OLDER.

Applicants must verify all information checked on this application, in order to determine the proper priority and preference. If information is not supplied, no preference or priority will be given.

I understand that this is not a contract and does not bind either party. The above information is all true and complete to the best of my knowledge, I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Date

Signature of Applicant

Interviewed by (DHA Representative)

WARNING: Section 1001 of Title. 18 of the U.S. Code makes it a criminal offense to make willful, false statements of mis-representation to any Department or Agency of the United States as to any matter within its jurisdiction